

## **Learning guide**

Emotional wellbeing of women living with HIV

This learning guide has been prepared in conjunction with the Women for Positive Action slide presentation and speaker notes resource on the emotional wellbeing of women living with HIV.

The guide identifies the key learning objectives for this module and suggests topics for discussion and self-learning. The modules are intended for use by both health professionals and community representatives who want to create or participate in learning opportunities relating to improving the care of women with HIV.

## **Learning objectives**

After completing this module, participants will be able to discuss the following issues and appreciate their implications for both patients and providers of health care.

### **The emotional impact of HIV is understudied in women**

- Being infected with HIV brings several challenges to mental health and emotional wellbeing – accepting the diagnosis, adjusting to treatment and living with HIV, particularly its impact on social relationships.
- In the general population, women experience a higher rate of emotional and mood disturbances than men.
- Historically, research into the emotional impact of HIV among women has been relatively limited, with more studies focussing on other patient populations such as men and intravenous drug users.

### **HIV is associated with significant emotional health issues in women**

- Women generally have a greater burden of family care (such as child care and caring for elderly relatives) than men. The psychological impact of childbirth and caring for children is a key difference in experience between most women and men during the HIV journey.
- HIV-positive women often feel shame and guilt over their HIV status that can then be a barrier to accepting their diagnosis and receiving the best treatment and support.
- The emotional challenges for HIV-positive women include the shock of diagnosis, grief, loss and guilt, stigma of being HIV-positive, body image concerns, and coping and adjusting to living with HIV. Women who are HIV positive often experience emotional stress, depressive and even suicidal thoughts.

- Many of these challenges have a strong psychosocial component, increase the risk of other emotional, mood and behavioural disturbances and have a negative impact on treatment-seeking behaviour, adherence and clinical outcomes.
- Specific triggers for emotional disturbance in women include diagnosis (particularly if delayed), traumatic past events (e.g. rape, war, geographic displacement and adjustment into new culture), isolation and lack of a support network.

### **Women with HIV are vulnerable to depressive symptoms – and many have a history of trauma or abuse**

- HIV-positive women are particularly vulnerable to depressive symptoms and depression is more prevalent in HIV-positive women versus HIV-positive men.
- Adherence to HIV treatment is reduced in women with depression. Similarly, outcomes are poorer and mortality higher in those with depression.
- Suicidal ideation may be high in women with HIV.
- Trauma history (e.g. previous sexual assault or sexual abuse) is common in HIV-positive women. Trauma and abuse are linked with poor treatment adherence and with ongoing risk-taking behaviour.
- Similarly, post-traumatic stress disorder (PTSD) is also more common among women with HIV.
- Sexual and physical abuse are associated with higher levels of mental illness including depression, anxiety, PTSD and personality disorders.

### **Stigmatisation of HIV-infected individuals remains widespread**

- Stigma can be perceived or directly experienced. It is associated with poor medication adherence, depression and a fear of disclosure of one's HIV status to others.
- In some societies and communities, HIV-positive women may be treated differently than HIV-positive men, possibly leading to loss of income, breakdown of marriage or partnerships, reduced access to healthcare and a loss of hope.

## **HIV affects psychosexual wellbeing**

- HIV-positive women may experience sexual functioning problems (e.g. lower libido and reduced intimacy). Some issues may have a psychogenic cause (e.g. being linked to anxiety, depression, body image, fear of infecting others, relationship issues). Others may have organic origins (e.g. due to treatment side effects, co-existing conditions, infective status, neurological problems).
- They may also have difficulties adjusting to safer sex practices and may find it hard to form new relationships due to the need for disclosure and fear of infecting their partner.

## **Pregnancy and menopause present specific mental and emotional health issues for HIV-positive women**

- HIV-positive women who are diagnosed during pregnancy have a higher incidence of major depressive illness, somatic illness and post-partum depression, than those diagnosed pre-pregnancy.
- The risk of mother-to-child (vertical) transmission of HIV brings added anxiety to mothers.
- Addressing depression and emotional wellbeing in pregnancy is an essential part of managing women with HIV.
- The incidence of symptoms of menopause is increased in HIV-positive women. The most common symptoms in this group are psychological.
- Studies of the impact of HAART on the menopause and any potential interactions with hormone replacement therapy are limited.

## **Treating emotional health problems improves health outcomes**

- Addressing psychosocial issues can help increase patients' quality of life, improve medical outcomes and reduce treatment costs.
- Support groups, emotional expression, counselling and psychological interventions for women can offer assistance in effectively managing the burden of the disease

## **Discussion guide**

Consider the following questions when completing this module – the questions can be used for both reflective self-learning purposes and as a guide to discussion as part of a group learning experience.

### **Maintaining a high index of suspicion for depression**

Depression for those living with HIV can lower quality of life and negatively impact treatment adherence and medical outcomes. It is important, therefore, that depression is recognised and addressed early in all women with HIV.

- Which groups of women might be most likely to experience depression? Is there a 'vulnerable type'?
- What barriers might exist to prevent a woman with depression coming forward and accepting help?
- Aside from medications, how can a woman be helped to overcome her depressive symptoms?
- How can patient education be useful?
- What social support can be offered to alleviate a woman's emotional burden?

### **Recognising the role of past events**

Many HIV-positive women with emotional health issues have a background of trauma or abuse. These women are at higher risk of failing treatment, continuing risk-taking behaviour and of mental illness.

- What barriers might exist to prevent a woman with a history of abuse or trauma accepting treatment or support?
- How might a past history of trauma affect a woman emotionally, and how might this relate to a woman's HIV journey and ability to cope?

### **Appreciating women's social roles**

Women often bear the majority of the burden of care for children and relatives. A woman's ability to overcome difficulties relating to HIV and its treatment can both impact and be influenced by her social roles – for example, as an employee, mother, a wife/partner, or informal caregiver.

- In what way can these social relationships affect a woman emotionally, and how does this relate to a woman's HIV journey and ability to cope?
- What role can culture, beliefs and religion play in how an HIV positive women experiences their HIV journey?